## **CITY OF FLORIDA CITY**

Building and Zoning Department 404 West Palm Drive Florida City, FL 33034 305-247-8222

## **WINDOW PERMIT APPLICATION**

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:	
Location of Improvements	
Address Unit	
Folio	
Contractor Information	
Cert.No	
Contractor Name	Number of Windows
Qualifier Name	
Qualifier SS	2 copies of a window layout must be
Address	submitted with the permit application
City St Zip	
Phone	
Use of Property	
Current Use	
Description of Work	
Value of Work	
Type of Improvements	
() Repair	
() New Construction () Repair due to Fire	
() Alteration Interior () Renewal	
() ( ) Change of Contractor	
Owner Information	
Name	
Address	
CityStSt	
Phone	
Architect/ Engineer	
Name	
Address	
CityStZip	
Phone	
Application is hereby made to obtain a permit to do the work and installation of all laws regulating construction in this jurisdiction. I understand that separate	n as indicated. I certify that all work will be performed to meet the standards trate permits are required for Building. Electrical, Plumbing, Signs, Pools.
Mechanical, Window, Shutters and Roofing work and there may be additional	al permits required from other governmental agencies.
OWNER'S AFFIDAVIT: I certify that all the foregoing information is accur	•
WARNING TO OWNER: If your job cost exceeds \$2500.00 you must file a County. Failure to do so may result in you paying twice for the improvement	
attorney or lender before recording your Notice of Commencement.	2. 2.
Signature of Owner or Owners Agent	Olympia of Our PErs
Print Name	Signature of Qualifier Print Name
Sworn to and subscribed to me thisday of20	Sworn to and subscribed to me thisday of20
Personally known () Produced Identification ()	Personally known () Produced Identification ()
Type of Identification Produced	Type of Identification Produce